# TAX DEDUCTION LOCATOR & IRS TROUBLE MINIMIZER

#### YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

Please call to schedule your appointment. Try to call early before the calendar is booked up.

Please mail the completed organizer along with the requested information to this office prior to your appointment.

Please mail the completed organizer along with the requested information to this office so the return can be prepared by correspondence.

Your tax appointment is scheduled for:

Day:			
Date:			
Γime:			

Office Appointment Virtual Appointment
Please notify this office promptly if you are unable to keep this appointment.

## REFERRALS ARE ALWAYS APPRECIATED

If you know someone who would like a tax appointment, please have them call this office. Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer. All client information is treated in the utmost confidence.



Phone: 907-357-7707

email: court@countonaccounting.com Mailing: PO Box 872575,Wasilla AK 99687

Physical: 165 E Parks Hwy, Ste 104, Wasilla AK 99654

## IF YOU ARE A NEW CLIENT, BE SURE TO PROVIDE A COPY OF LAST YEAR'S TAX RETURN.

#### **SAVE TIME - READ THIS FIRST**

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is to not overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2022 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D6.

#### **Section Categories**

To help you collect your information quickly, this organizer is organized into five general areas. Information required from:

- everyone Sections A1 A13 (Pages 2 & 3)
- those who itemize their deductions Sections B1 B11 (Pages 4 & 5)
- those with business or rental income Sections C1 C7 (Pages 6 & 7)
- business owners Pass-through deduction -Section D1 (Page 8).
- those who have relocated (military only), sold their home, made home energy improvements, or have debt relief income -Sections D2 - D6 (Page 8)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section.

If you paid foreign taxes (entered at Sections A10 or A11) and are a partner in a partnership or a shareholder in an S-Corporation, it is important that you so notify whoever is responsible for the entity's tax returns

Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry in their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if, in the course of a trade or business (including most rentals), the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

## A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your

spouse or dependents.

				FORMAT me of filer and a		ly.	₽ ↔			& ADJ		MENTS Q	You	Spouse
Filer Name 😌 Birthday					V	\ <del></del>	· ·	•		plete K-1 copies) <b>a</b>		sued		
(Must Match SS						/	/	Were you the b	eneficiary of a	an inheritance?	If so, plea	· · · · ·	Yes	Yes
Social Secu (and IRS IP-PIN		<u></u>			Occupation			State Tax Refu			. K 1.			
Driver's Lice	ence (DL)			J		State		Social Security	,			•		
DL Issued D	. ,		,	,	DL Expires	/				1099-Rs) - ente nes with alimon		ributions in A/		
Contact Pho					DE EXPIRES	Day	Evening	l— —	•	and SSN below	· · ·			
Email Addre								Paid to:			,	SSN:		
_		+				Birthda	illy Blind	Tips (not inclu						
Spouse Nan (Must Match SS						/	<sup>y</sup> /	l <del></del>	· · · · · · · · · · · · · · · · · · ·	on (provide 109	9-G)			
Social Secu (and IRS IP-PIN					Occupation			Gambling Winn		·	ENT	PLANS (9	You	Spouse
Driver's Lice	ence (DL)					State		Retirement pla				<u> </u>	☐ Yes	Yes
DL Issued D	ate	/	,	/	DL Expires	/	/	Did you or you	r spouse conv	ert a traditiona	l IRA to a	Roth IRA in 2022?	Yes	Yes
Contact Pho	one			•		Day	Evening	Traditional	Contribution	ıs				
Email Addre	ess					☐ Lega	ılly Blind	IRA, Keogh	Withdrawals	s (1099-R) <sup>(1)</sup>				
A 2 A							•	& SEP Plans	Rollovers(2)(3)	)				
A2 - A Returning cl			ction e	xcept for chang	es.		<b>∀</b> ←	Flairs	<u> </u>	f your prior year n	on-deductit	ole contributions)		
Street					Apt/Unit N	0		Roth IRA	Contribution					
City					State	Zip		Kotii iid	Rollovers <sup>(2)(3)</sup>					
Home Phon	ne Number	(if differer	nt from a	above)				Coronavirus Amount Originally Distributed in 2020 (Maximum \$100,000)			20 (Maximum			
ДЗ - 5	TATU	S C F	1 A N	IGES FC	DR 202	2		Amount Recontributed in 2022						
Check any th						_				1/2 (2) Must be re a Roth IRA may be		n if not taxable unless	directly "tran	sferred"
Married	t	/	/	Moved		/	/	A0 - C	DECLAI	OHES	TION	IC O INEC		
Separa	ted	/	/	Home S	Sold	/	/	Coverdell Educa		Contribution	HOR	Distribution - prov		
Divorce	ed	/ .	/	Spouse	Deceased	/	/			Distribution - provi				
Retired		/ .	/	Depend	lent Deceased	d /		HSA Contribut	<b>ion</b> other thar	ı via employer		Distribution - provi	de 1099-SA	
				AXES P			₩ 😝	Adoption Exper	•			Educator Expense		
time. Therefo	re, please ent	er the an	nounts	ed taxes were pa and dates of pay	ment or provide	proof of p						rt an interest in or sig ign accounts, dealings		
		ult in IRS	or stat	e correspondenc			•-	<u> </u>				YOUR SPOUSE	•	
Applied from		r's Pafur	nd	Date Paid	Federal	Sta	ite			ds are not your		owner on a bank a	count in a	oreign
First Quarte			lu	/ /				Received	an inheritanc	e from someon	e in a fore	eign country.		
		,	2)	· · ·						•	-	iny time in 2022)		
Second Qua	•	•	<del>*</del> +	/ /				<del>-</del>		· ·		or, or transferor to, a		ıst
Third Quart	· ·	• •		/ /				<u> </u>				oreign financial ass		
Fourth Quarter (Jan. 17, 2023) / /					during th		or otherwise a	cquire a n	inancial interest in	virtual curr	ency			
				CT DEP		vour banl	k account.	☐ Invest in	a Qualified O	pportunity Fund	d during t	he year		
Complete this section to have your refund automatically deposited into your bank account.  Doing so will speed up the refund and eliminate the danger of a check being lost or			or	☐ Been der	nied Earned In	come Credit by	the IRS							
stolen. Direct deposit can be allocated to up to 3 separate accounts. Entries for only one account are provided below. If you wish to make multiple deposits, please provide the					☐ Been re-	certified for the	e Earned Incom	e, Child Ta	ax, or American Opp	ortunity Cre	dit			
additional ac	count inforn	nation ar	nd how	you wish to all	ocate the refun	d.						please call in adva		
Bank Name								☐ Made a gioint gift	jift of money o s by a married	or property to a couple) in 202	ny individ 2	ual in excess of \$1	5,000 (\$32,	000 for
Bank Routir	ng Number	(Exactly 9	Digits)					☐ Employ h	nousehold woi	rkers				
Account Nu	mber (includ	le hyphens	s - omit	spaces & special c	haracters – 17 dig	its max)		☐ Sell jewe	elry, gold, coins	s, or other preci	ous metal	ls during the year		
								Filer	] Spouse	You wish to co	ntribute t	o the Presidential o	ampaign fu	nd

Savings

Allocation:

%

Checking

Account Type

## A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your

spouse or dependents.

A9 - DEPE	NDENTS  only enter first names ar	nd any changes Enter	all the informat	ion for nev	w denende	onts							₽		
Recarming elleries need	Last Name		_		F, M, G,		nths in Home				If ov	er the	e age of 18		
First Name	(If Different)	Social Securit (and, if issued, IRS I			or HOH*	1	(Your Home)	1	Birth Dat	:e	Incon		Student		
									/ /	′			☐ Yes		
									/ /	/			☐ Yes		
									/ /	′			☐ Yes		
* Enter S-Son, D-Daugh	ter, F-Father, M-Mother, G	-Grandchild, or enter	other relationsh	ip. Enter H	OH for no	n-depe	endent Head of	Household	d qualifier	S.					
	REST INCOL		n 1099 even if no	ot the origi	nal source			Caution	: All inter	est must	be reported	even i	if tax-free!		
Please provide all form	of Payer s 1099INT and 1099OID when 1099s are provided)	Banks, Credit Union, Corp Bonds, Seller Financed Mortgages, etc.	Foreign Tax or With	ithheld		ng Bond	<b>Obligations</b> ds, T-Bills, etc. Tax-Free)	Home		<b>Junicipa</b> ly Tax-Fre	al Bonds e)		Other State ederal Tax-Free)		
Forfeited Interest (ea	rly withdrawal penalty)						Witholding or	Interest	& Divid	ends					
		Note: Sel	Selle ler financed mortga		ed Mortga the name, S	_	address of the pa	yer.							
Payer Name:		SSN:			Addres	s:									
IRS matches payer and	DEND INCOL I amount. Always use pay vidends. Please bring bro	er name listed on 10	99 even if not th	e original	source. Soi	ne inst	titutions use su	bstitute 10	099s and	caution r	must be used	d in se	parating		
Please provide	of Payer all forms 1099DIV I when 1099s are provided)	Foreign Taxes Paid or Withheld	Ordinary Dividends	Qualif Divider		Capi Gaiı		199A Source U Dividends Obligation					Taxable State Or		Non-Taxable State & Federal
(1) Qualified dividends	receive special tax treatn	ment and are include	d in the "Ordinar	v Dividend	ls" total. (2)	Includ	des income fror	n savings l	bonds, T-B	ills. etc	which are st	tate ta	x-free.		
	STMENT SA			y Dividend		· · · · · · · · · · · · · · · · · · ·	acs medine nor								
	ceeds from sales using th		tions must be re	ported eve	en if there	is no p	orofit. If broker p	orovides a	summary	of transa	actions, bring	g it and	d skip		
(Please provide all forms 1	<b>Description</b> 099-B and any gain/loss state	ements provided by brok			e Acquired	t	Date Sold	Sellin	g Price		st or Other Basis <sup>(1)</sup>		<b>Profit</b> (Memo Only)		
			Yes	/	-	+	/ /								
			Yes	/		+	/ /	-				-			
(1) The basis from which	ch gain is determined may	y not be the original	Cost and must a		•	rever	• •	ore reinves	ted divide	ands was	sh sales etc				
		-				5,16761	se spiits, merge		iteu uiviu	ilus, was	311 38163, 616.				
	D OR DEPEI					ador a	go 17 or an ind	ividual wh	o is physi	cally or r	montally inc	anablo	of self		
	nt, also see section C4. IR								o is priysi	catty of f	TICILIALLY IIIC	араріс	or seti		
☐ Employer ¡	provides dependent ca	re services 😌	Provider	's SSN or E	mployer II	) #	Pay	ments M	UST BE	Allocate	ed by Child/	/Depe	ndent		
Paid To	Address & Ph	one Number			t is an exem EO, check bo		Child/Depnd.	s Name:	Child/I	Depnd.'s	Name: C	hild/D	epnd.'s Name:		

### **B** - ITEMIZED DEDUCTIONS

4

Taxpayers may choose between itemized or standard deductions. This page and the adjoining page are for recording your expenses, which are needed when itemizing your deductions. If you are certain that you cannot itemize your deductions for either federal or state, you can skip this page and the next one **except B10.** 

CAUTION: If you are married and filing separately and either you or your spouse itemize your deductions, then the other spouse must also itemize their deductions. The law does not allow one to itemize and the other to take the standard deduction.

 $\hfill \square$  If filing married separate and your spouse is itemizing deductions.

B1 - MEDICAL EXPENSES	P	В3	- TAXES	PAID				P
Although for Federal purposes medical expenses for 2022 are only the extent they exceed 7 ½% of your adjusted gross income (AGI) f	or the year, some		ot list any taxes ass ctible for AMT purp	ociated with a busing oses.	ess or renta	al activity. T	axes are n	ot
states, such as Arizona, have no or a different limitation. If your sta limitation be sure to list your medical expenses. Do NOT list exper		Real	Estate – Primary	Residence			o not	
insurance or expenses and premiums paid with pre-tax funds or H	SA distributions.	l	Estate – 2nd Hor				rest and	
INSURANCE PREMIUMS for Medical, Dental, Vision & Hosp	ital <sup>(1)</sup>	Real	Estate – Investm	ent Property (Land,	etc.)	pe	nalties	
Medicare Insurance Premiums (Not payroll tax)		CAUT	ION – Some tax bills in	nclude non-deductible s	pecial service	es. Please pro	ovide copies	of the tax bills.
File	-	Vehic	le License Fees (	Tax portion only):	(1)	(2)		(3)
Long-Term Care Insurance Spot	use	l <del></del>	onal Property Tax					
Doctors, Dentists <sup>(2)</sup> (No discretionary cosmetic surgery)		l		(Leave blank for standar				
Acupuncture & Chiropractic Care			ne Taxes Paid to	s, Home, Etc. (Do not	include abo	ve) State:		
Hospital <sup>(3)</sup>		-		es (not listed in anothe	r category)	State.		
<u>'</u>		Othe	**	es (not asted in anothe				
Prescription Drugs (No over-the-counter drugs except insulin)			State Incom	ne Tax Paid During	<b>2022</b> (ple	ase provide p	proof of payn	nent)
Nursing Care	me care			e taxes withheld; they a				
Eye Exam, Glasses, Contact Lenses, Contact Lens Solution		1 1	ce Due Return		Other Yea			
Hearing Aids & Batteries		l <del></del>	sion Payment			Qtr. Estima	ate	
Ambulance & Paramedics		2021	Return		Paid Jan.	2022		
Auto Travel (To and from medical treatment)	miles	В4	- HOME	MORTGAG	E IN	TERE	ST	₽ 🏴
Parking & tolls (For medical treatment)				ans secured by your ponders				
Taxi, Shuttle, Air Fare, Etc. (To reach medical treatment)		debts	incurred after 12/1	15/2017) of home ac	quisition de	ebt on your	primary o	r designated
Lodging (For medical treatment) No. of days:		spou	se. Equity debt inter	ebt limit applies sepa est is not federally d	eductible f	or years 20	18 thru 20	25 unless loan
Telephone (Medical-related toll charges only)		Some	states allow a ded	e home improvement uction for interest pa	iid on up to			
Therapy & Special Schooling <sup>(4)</sup>				erest paid on home i				Amazunt
Supplies & Equipment (includes Covid-19-related PPE & home tests to COVID-19)	diagnose	enter ¡	payee's name. If paid to	eceived, check "Paid To" l o a person from whom yo ved, also complete <b>Box A</b>	ou bought	2nd Home	Equity Loan	Amount Provide Form 1098
Handicapped Placard		<b> </b>	aid To:	,				
Handicapped Home Modifications								
Rentals (crutches, wheelchair, walker, oxygen equipment, etc.)			aid To:					
Other:		□ P.	aid To:					
Other:			aid To:					
(1) Include only amounts you paid.								
<ul><li>(2) Includes Christian Science practitioner and psychological couns</li><li>(3) Includes nursing homes for individuals medically incapable of s</li></ul>	=	CAU	Γ.	vas issued using a co-ov	rner's SSN, er	nter that indi	vidual's nam	e, address & SSN
hospital or nursing home meals.  (4) Includes physical therapy and psychotherapy; special schooling	for physically or mentally	Вох	Name: SSN:					
handicapped.		A	Address:					
B2 - INVESTMENT INTEREST		If your	L	a qualified motor home,	boat, etc., lis	t the name o	of the payee	here:
Interest paid on loans to acquire investments. This interest is only of net investment income.	allowable to the extent	CHE	CK ALL THAT A	PPLY.				
Brokerage Margin Accounts			1-1	home loan ever bee	n refinance	ed?		
Vacant Land			Did you refinance	e any of these loans	this year? (	lf so, provide	escrow closi	ing statements)
			Have you exceed	led the \$100,000 (ap	plies for so	me states)	equity deb	t limit?
Other:				f all your home loan	balances ex	xceed \$1 m	illion (\$75	0,000 for post-
Other:			12/15/2017 loan	ıs)?				

### B - ITEMIZED DEDUCTIONS

7	•
1	

#### **B5 - CASH CHARITABLE CONTRIBUTIONS**

If you made cash donations in 2022, complete this section. All cash contributions MUST be documented with either a bank record or written verification from the charity. Personal benefits must be excluded from the donation.

House of Worship		
Payrall Deduction	Filer	
Payroll Deduction	Spouse	
Other:		
Other:		
Other:		

#### **B6 - NON-CASH CONTRIBUTIONS**

Household and clothing items must be in good or better condition. Items of minimal value such as underclothing are not counted. A written receipt is required for donations of \$250 or more. An itemized list should be included with your return if the total exceeds \$500. Deductions are limited to the lesser of your cost or the fair market value (FMV) for each item contributed.

Clothing & Household Items	
Automobile Travel	miles
Volunteer Expenses - Explain:	
Vehicle Donation (Provide Form 1098-C)	
Other:	
Other:	

#### **B7 - OTHER DEDUCTIONS**

The expenses listed in this section are part of the "miscellaneous" itemized deductions but

are listed separately because they are not subject to the 2% of AGI limit.	
Gambling Losses (Only to the extent of gambling winnings)	
Impairment (Handicapped) Related Work Expenses	
Unrecovered Pension Basis (Deceased taxpayer)	

#### **B8 - CASUALTY LOSSES**

For years 2018 thru 2025 personal casualty losses are only deductible to the extent of casualty gains (although some states may still allow personal casualty losses) unless incurred in a presidentially declared disaster area. Generally, after insurance reimbursement, must exceed 10% of your adjusted gross income (AGI) and then only the amount that exceeds the 10% is deductible.

The loss was in a presidentially declared disaster area

	The toss was in a presidentially declared disaster area		
	The loss was from theft or embezzlement		
	The loss was the result of a Ponzi scheme		
Casu	alty Description:		
Date	of Casualty	/	/
Insur	rance Reimbursement		

F	Property Dan	naged – or provide a l	list in the same format	
Description of	Date	Original Cost	Fair Marke	et Value
Property	Acquired	or Other Basis	Before Casualty	After Casualty
	/ /			
	/ /			
	/ /			
TD4DDE O Commistate	2022 C			

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#### **B9 - MISCELLANEOUS**

The expenses listed in this section and section B10 are not deductible for federal in 2018 thru 2025. Some states allow them only to the extent they exceed 2% of your AG

<b>DO NOT</b> enter		oyed business expenses here. Instead	You	Spouse
Employee Bus	nsas	Name:	Name:	
Don't include amor all travel expenses				
Auto Travel		See Section C1		
Business Gifts Must be ordinary a		\$25 per recipient per year.		
Continuing Ed	ucation	See Section <b>C4</b>		
Employment S	Seeking &	Resume Fees		
Entertainment (amount of meals t				
Equipment – In Section B11.	iclude individu	aal items with a useful life of one year or more in		
Insurance – M	alpractice,	E&O, Etc.		
Occupational	Licenses, F	ees, Credentials, Etc.		
Publications &	k Journals (	Not general interest publications)		
Telephone (Bus	iness calls on	ly)		
Tools – Include i B11.	ndividual item	s with a useful life of one year or more in Section		
Supplies				
Uniform Purch	ases (Not	including street wear)		
Uniform Clear	ning			
Union & Profe	ssional Du	es		
Other:				
		Other Miscellaneous Deductions		
Attorney Fees	(To protect or	produce taxable income only)		
IRA or SE Plan	Fees Paid	By You (Not deducted from the plan)		
Tax Preparatio	n & Consu	lting Fees		
Credit/Debit C	ard Fees to	Make Tax Payments		
Other:				

#### **B10 - INVESTMENT EXPENSES**

For years 2018 thru 2025 investment expenses are not deductible for federal purposes. But are still allowed in some states.

Investment Expenses - DIRECTLY connected with the production of TAXABLE INCOME ONLY! Do not include purchase or sales costs. Include interest in Section B2.

Investment Advisory Fees	
Safe Deposit Box Fees	
Legal & Accounting (Related to investments)	
Other:	

#### **B11 - ITEMS WITH A USEFUL LIFE OF ONE** YEAR OR MORE

Equipment, tools, computers, etc., purchased this year and used in business having a useful life of more than one year must be treated differently for tax purposes.

Description of Property	Date Acquired	Cost
	/ /	
	/ /	
	/ /	

#### D1 - SEC 199A DEDUCTION

Income passed through from a business activity via a K-I may qualify for a special tax deduction.

The information needed to compute this deduction is included on **the K-1 and a separate K-1 statement** where the business income or loss is from partnerships, S-corporations and trusts Please be sure to provide the supplemental statement along with any K-1 form you've received.

#### **D2 - HOME SALE**

If you sold your home, abandoned it, or lost it to foreclosure, the disposition may need to be reported. If you received a 1099-S, it is very important that you provide it. If you abandoned the home or lost it to foreclosure, see Section D5.

the home or lost it to foreclosure, see Section D5.						
СНЕ	CK ALL THAT	APPLY	,			
Addr	ess of Home Sold					
Date	Purchased			/ /		
Purcl	nase Price (please <sub>l</sub>	provide	purchase escrow statement)			
	You deferred gair Form 2119 for th		home sale made prior to 5/7/2 of sale.	1997. If so, please provide the		
Impr	ovements to Home	Sold (	not maintenance)(provide list)			
Date	of Sale		(Please bring FINAL closing escrow statement. This document will have the information needed for	/ /		
Sales	Price					
Sales	Expenses		these entries.)			
	You owned and u (counting back fro			ce for two of the prior five years		
	Your spouse (if m two of the prior f		owned and used the home as h	nis/her primary residence for		
If owned and used less than two years, give reason for sale:						
	If the home was center)	ever us	ed for business (such as a renta	l, home office or day care		
	Any of the busine	ess use	in the prior question was befor	e 5/7/97		
	The home was ac	quired	by tax-deferred (Sec 1031) exch	nange after 10/22/04		
	You (and spouse if married) have excluded gain from the sale of a prior residence within two years of the date of sale of this residence					
	The home was inherited (including from a deceased spouse)					
	The home was not used as your primary residence for any period after 2008					
	You previously claimed the new or long time resident homeowner credit					
D.S	D3 - ENERGY CREDITS					
Ente			he manufacturer to meet Gover	nment energy standards.		
	Did you have sola home in 2022?	ar elect	ric or solar water heating instal	lled on your main or second		
	Did you make energy savings improvements to your main home in 2022?					
	Did you purchase a new or used electric vehicle in 2022?					

#### **D4 - MOVING DEDUCTIONS**

For federal for years 2018 - 2025, allowed only for active duty members of the Armed Forces who move pursuant to a military order. There are no distance requirements for military change of station.

Check if employer reimbursed any amount of moving expense or home sale assistance

and provide the reimbur substitute statement)	rsement stateme	nt from the employer (Fo	orm 39	03 or a
A - Miles from Old Residence to New Job				miles
B - Miles from Old Residence t	B - Miles from Old Residence to Old Job			
A minus B – if less than 50 miles, stop: no deduction allowed				miles
Commercial Mover		Truck Rental		
Temporary Storage (up to 30 days)		Lodging en route (no meals)		
Trailer Rental		Highway Tolls		
Rental Fuel Costs		Airfare		
# of owned vehicles driven to new home		Auto Travel		miles
Boxes/Tape/Supplies		Other:		

#### **D5 - DEBT RELIEF & FORECLOSURE**

If you had debt totally or partially forgiven, you may be required to report debt relief income. This includes real estate mortgages, credit card debt, vehicle loans, etc. Debts discharged in bankruptcy and most forgiven student loans are not included. Please call the office in advance to discuss what additional documentation may be required.

CHE	CK	A I I I	THA.	T A D	DIV
CIIL	CIC	766	IIIA	I AI	

- You had any amount of credit card debt forgiven and provide a copy of the 1099-C you received from the financial institution
- You abandoned your home and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D2 home sale information)
- Your home was foreclosed upon or you sold it under a "short sale" agreement with the lender and provide a copy of the 1099-A and/or the 1099-C you received

## D6 - PAYCHECK PROTECTION PROGRAM (PPP) LOANS

If you obtained a PPP Loan during 2020 or 2021 for your business, please enter:

Amount of loan(s)	ı
Amount of loan(s) forgiven	1
Amount of expenses used to qualify for forgiveness	

#### **D7 - QUESTIONS YOU MAY HAVE**

If you need more space please include a separate note.

Filer Signature Date	Spouse Signature	Date
/ /		/ /
To the best of my knowledge, all the information contained within this document is true, corr	ect and complete.	
D8 - SIGNATURE		